

**GOSHEN RECREATION DEPARTMENT REGISTRATION FORM &  
EMERGENCY RELEASE**

The town of Goshen (the "Town") expressly disclaims for itself and for its officers, commissioners, employees and its agents, all liability for any loss or damage to property or bodily injury or death arising from or related to the undersigned's participation in the Town sponsored activity specified herein; and the undersigned hereby knowingly, intentionally and expressly (1) assumes the risk for any such loss, damage, bodily injury or death; (2) releases the Town and its officers, commissioners, employees and agents from all liability for any such loss, damage bodily injury or death; (3) waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees, and agents for any loss, damage, bodily injury or death. If I cannot be reached, I give my permission to the physician selected by the coach or program supervisor to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child or myself.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Activity \_\_\_\_\_ Grade \_\_\_\_\_ Fee \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Allergies or physical handicaps of which the supervisor should be aware:

Participant's Name \_\_\_\_\_

**GOSHEN RECREATION DEPARTMENT REGISTRATION FORM  
RELEASE AND WAIVER AGREEMENT  
EMERGENCY MEDICAL CONSENT**

Re: \_\_\_\_\_ (the "Participant")

**Release and Waiver**

The Town of Goshen (the "Town") expressly disclaims for itself and its officers, commissioners, employees, agents and servants, all liability for any loss or damage to property or bodily injury or death arising from or related to the Participant's participation in the Town sponsored activity specified herein; and the undersigned hereby knowingly, intentionally and expressly: (1) assumes the risk for any such loss, damage, bodily injury or death, even if such loss, damage, bodily injury or death is due in whole or in part to the negligence of the Town or any of its officers, commissioners, employees, agents or servants; (2) releases the Town and its officers, commissioners, employees, agents and servants from all liability for any such loss, damage, bodily injury or death, even if such loss, damage, bodily injury or death is due in whole or in part to the negligence of the Town or any of its officers, commissioners, employees, agents or servants; (3) waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees, agents or servants for any such loss, damage, bodily injury or death, even if such loss, damage, bodily injury or death is due in whole or in part to the negligence of the Town or any of its officers, commissioners, employees, agents or servants.

I hereby certify that I am the parent or legal guardian of the Participant and that I have read this Registration Form and Release and Waiver Agreement and fully understand its terms. I hereby consent to the Participant's participation in the activity described below and the terms of this Release and Waiver Agreement. I further understand that by signing this agreement I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own free will.

Activity \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Emergency Phone (    ) \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Fee \_\_\_\_\_  
Parent/Guardian

**Emergency Medical Consent**

I accept complete responsibility for the health of the Participant and will not allow him/her to participate in the activity described above unless, to the best of my knowledge, he/she is in good health. In case of medical emergency, I give permission to the Town of Goshen Recreation Department and its agents and employees to seek proper medical treatment, including hospitalization, and to authorize injection, anesthesia or surgery for the Participant if deemed necessary by a licensed or certified healthcare provider.

**Health History (please check)**

**Diseases**

- ☐ Chicken Pox
- ☐ Measles
- ☐ German Measles
- ☐ Mumps
- ☐ Other \_\_\_\_\_

**Allergies**

- ☐ Hay Fever
- ☐ Asthma
- ☐ Drugs
- ☐ Bee Stings
- ☐ Ivy, Oak, Etc.
- ☐ Other \_\_\_\_\_

**Chronic Illnesses**

- ☐ Ear Infection
- ☐ Heart Disease
- ☐ Diabetes
- ☐ Convulsions
- ☐ Fainting
- ☐ Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medications: \_\_\_\_\_

Disabilities or Other Medical Conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian